

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL060042</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/04/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE WEDDINGTON PARK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2404 PLANTATION CENTER DRIVE MATTHEWS, NC 28105</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments  Report of Follow-up Survey by Frank Strickland on 03/04/2015:  Most of the cited deficiencies from the 11/20/2014 survey were field verified for correction. However, the remaining deficiencies need corrective action. A new Pan of Correction is required.	{C 000}		
{C 189}	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 2. Based on observations, the Building was not maintained in a safe manner because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin.  Findings on November 20 2014: g. In Basement, a four-inch PVC pipe penetrates the one-hour fire-resistance-rated column enclosure. In addition, there is a 1 ½-inch hole at this pipe. h. In Basement, there was a ½ to 1-inch gap around the sprinkler drainpipe as it exited the one-hour fire-resistance-rated column enclosure.	{C 189}		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL060042</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/04/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE WEDDINGTON PARK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2404 PLANTATION CENTER DRIVE MATTHEWS, NC 28105</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 189}	<p>Continued From page 1</p> <p>i. In Basement, the walls and the one-hour fire-resistance-rated ceiling did not meet, leaving an open joint to the floor construction above.</p> <p>j. In the attic, the draft stop over the D-Hall Spa had a 4 inch x4 inch hole with a 2 inch PVC pipe running through it not properly sealed.</p> <p>3. Based on observation, the building was not maintained in a safe manner by having fire rated doors in the firewall/smoke barrier that did not close completely in order to contain smoke/fire. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin.</p> <p>Findings on November 20,2014:</p> <p>e. The corridor door assembly to the C Hall Men 's Room had a ½ inch gap between the top edge of the door and the bottom of the doorframe ' s stop,</p> <p>g. The back leaf of the cross-corridor fire doors on the 200 Hall had a broken view window.</p> <p>5. Based on Observation, the Building was not maintained in a safe manner by having fire rated doors that separate areas, defined as hazardous by the 1996 NC State Building Code, which did not close completely in order to contain smoke and fire. This could affect all residents, staff and visitors by not containing smoke and fire in Room or fire compartment of origin.</p> <p>Findings on November 20 2014:</p> <p>a. The self-closing corridor door to the Bulk Laundry, did not close on its own power and latch,</p>	{C 189}		